

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042683

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 379

Primary Registration District No. 4352

Registrar's No.

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

WRIGHT

b. CITY (If outside corporate limits, give TOWNSHIP only)

MANSFIELD

Length of stay in 1b

3 DAYS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

MANSFIELD HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

WEBSTER

admission)

c. CITY

SEYMOUR

Inside Limits

Yes ☐ No ☒d. STREET
ADDRESS

ROUTE 4

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

JANICE

KAY

HARRIS

4. DATE
OF
DEATH

Month

Day

Year

10 - 3 - 63

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

JULY 1, 1942 21

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

DOUGLAS CO. MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

CARL ELLIOTT

13b. MOTHER'S MAIDEN NAME

FAYE INGRAM

14. NAME OF HUSBAND OR WIFE

JACK HARRIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

JACK HARRIS SEYMOUR MO. RT 4

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Recurrent Pulmonary Embolism

INTERVAL BETWEEN

ONSET AND DEATH

4 hrs

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Right Side Heart Failure

DUE TO (c)

Post Partum

5 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 1 - 1963 to 10/3/63 and last saw her alive on 32'pm 10/3/63
Death occurred at 32'p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Robert Bergman Seymour, Mo.

10-9-63

J. R. Gile A.O. Seymour Webster Co. Mo.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

Removal permit issued

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Max L Miller

Licensed Embalmer No.

4720

P. O. Address

Mansfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.